

State of New Hampshire
Title XXI Children's Health Insurance Program
1998 Annual Report For May 1, 1998 - December 31, 1998

State Operational Information

New Hampshire's Title XXI state plan includes a Medicaid expansion and the creation of a stand alone program. This report will focus only on the Medicaid expansion which was implemented on May 1, 1998. The stand alone program was not implemented until January 1, 1999.

New Hampshire estimates the number of uninsured children at 20,000 to 27,000 using 1990 CPS data, analyzed again in 1997. In order to provide comprehensive, prevention focused, health care to the one of the most vulnerable populations, the state chose to expand its current Medicaid eligibility for infants aged zero to one, from the current 185% FPL to 300% FPL. This expansion went into effect on May 1, 1998. As of December 31, 1998, 174 infants were enrolled into the program. Families have the option of choosing to remain in the traditional fee-for-service program or they can elect to enroll in the voluntary Medicaid managed care program. Due to the implementation of a new, statewide eligibility, computer program "New HEIGHTS", we were unable to determine the number of children as of December 31, 1998 whose families chose to enroll into the managed care program.

Strategic Objectives and Goals

Strategic objectives identified by New Hampshire in its Title XXI State Plan include: 1) increase the number of low-income children in New Hampshire who are insured; 2) improve the health status of children in New Hampshire with a focus on preventive and primary care; 3) maximize participation in Title XXI through outreach, a single point of entry, a simplified application process, and continuous eligibility; 4) maximize coordination with Medicaid to ensure coverage of children previously eligible but not enrolled in Medicaid.

The performance goals and measures attached to the strategic objectives include:

1) Increase the number of low-income children in New Hampshire who are insured.

Decrease the proportion of children 1-19 < 300% of FPL who are uninsured by 25% in the first year, 35% in the second year, 45% in the third year, and 50% in the fourth year.

2) Improve the health status of children in New Hampshire with a focus on preventive and primary care.

As noted in section 7.1.2, the state will require the health plan to submit HEDIS reports on immunizations, well child visits and other pediatric preventive health measures. The state will develop specific performance targets or required degrees of improvement on particular measures in conjunction with Healthy Kids Corp. and the health plan. The plan and the state will identify two (2) HEDIS measures under the Effectiveness of Care, Use of Services and/or Access domains where improvement will be targeted. Within specific time frames, the plan will achieve a benchmark level of performance defined and agreed to in advance or will achieve a reduction of at least ten percent (10%) in the number of enrollees who do not achieve the outcome defined by the indicator (or if applicable, in the number of instances in which the desired outcome is not achieved). At a minimum the state will expect to address the following goals based on the strategic objectives.

Match or exceed the current statewide average percentage of children under two who receive the basic immunization series.

Match or exceed the current statewide average percentage of 13 year olds who receive the basic immunization series.

- Match or exceed the current statewide average percentage of 3,4,5, and 6 year olds who have at least one well-child visit during the year.
- Match or exceed the current statewide average percentage of 12 through 18 year olds who have at least one well-child visit during the year.

3. Maximize enrollment in Healthy Kids - Gold and Silver through outreach, a single point of entry, a simplified application process, and continuous eligibility.

Increase the number of locations where individuals can get applications and receive assistance in completing applications.

Increase the number of entities participating in the outreach program.

- Increase the percentage of applications requested that are completed.
- Decrease the amount of follow-up required to complete applications.
- Ensure that at least 75% of consumers are satisfied with the application process.

4. Maximize coordination with Medicaid

Increase enrollment in Healthy Kids - Gold (Medicaid) by ten percent (10%) in the first year of operations.

Establish a seamless program with integrated staff and administration.

Barriers to implementation

Some of the barriers the state has experienced in implementing the CHIP program included:

Limited administrative funds to support the infrastructure necessary to implement the CHIP program. We grossly underestimated the resources, both in terms of personnel, time, and finances to design and implement this program. As we begin the evaluation

phase, resources are still strained as implementation is still underway.
Competition for computer technical support due to the implementation of a new statewide eligibility computer program - "New HEIGHTS".
Diversion of Medicaid MMIS technical support due to the development of MCSYS.

- The need to identify additional state match dollars while maintaining levels of effort.

The challenge of creating a seamless CHIP program while being required to simultaneously adhere to Title XIX and XXI federal regulations.

Additional Program Indicator Data

The state has partnered with the NH Healthy Kids Corporation, Dartmouth Medical Center, the NH Pediatric Society, the NH Hospital Association and other organizations to develop a quality improvement program for children's health that will address all of the strategic objectives outlined above. The partnership was created in February of 1999 and has met twice to begin the mapping of a strategic, quality plan. Included in the high priority list of indicators were the issues of monitoring crowd out and the effectiveness of outreach efforts.

Crowd Out

The state already collects information on current and past insurance coverage on every applicant. To date we have no indication that families are dropping employer/group based or individual market health insurance in order to have their child meet eligibility requirements.

Outreach and Marketing

The state is collecting data on the number of phone calls to the toll free CHIP line, the number of applications received statewide and by county, the number of families who decline enrollment and reasons why, the number of families who terminate coverage and reasons, referral sources, and number of CHIP information packages requested statewide and by county.

The state has already designed and implemented a comprehensive outreach and marketing plan in partnership with the NH Healthy Kids Corporation that includes a statewide promotional campaign using colorful promotional materials i.e. "Guide to Children's Benefits", "Community Partner's Guide to CHIP", a promotional video, a quarterly newsletter, and regional CHIP meetings with consumers, providers, advocates, health professionals in attendance. The state has also implemented a mail-in application unit and a toll free phone line staffed with 3 customer service representatives with access to 24 hour information via voice mail system on CHIP. The state has also created one application that is used for all children's health insurance programs. Finally, the state has changed the name of the Medicaid children's programs to "Healthy Kids - Gold". The

name change included the creation of a new Medicaid (now known as HK-Gold) identification card. The new cards were mailed to all children less than 19 years of age in the Medicaid program in December with a memo explaining the new name.

Respectfully submitted:

Katie Dunn, MPH
Administrator, NH Department of Health and Human Services
(603)-271-5249